



STATE OF TENNESSEE
DEPARTMENT OF SAFETY

Company Information Disclosure

The following information is being submitted for review:

A. NAME OF TOWING SERVICE:

Address: _____ Company Phone Number: _____
Name of Owner: _____ D.L. Number: _____
Address: _____ Home Phone Number: _____

B. WHERE LICENSED TO DO BUSINESS:

Name of City: _____ and/or County: _____
Business License Number: _____

C. LOCATION OF TOW TRUCKS:

Name of City: _____ and/or County: _____
Business License Number: _____

D. LOCATION OF STORAGE FACILITIES:

Address: _____ Phone Number: _____
Distance from business location: _____
Address: _____ Phone Number: _____
Distance from business location: _____

E. IS STORAGE FACILITY STAFFED 8 A.M. – 5 P.M.?

☐ Yes ☐ No

F. TYPE OF STORAGE PROVIDED:

☐ Inside ☐ Outside

G. The following is a complete listing of all the tow trucks to be inspected and considered for use by the Tennessee Highway Patrol:

TOW TRUCKS REGISTERED OR OWNED BY THE COMPANY				
CLASS	YEAR	MAKE	PLATE NUMBER	VIN
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Signature of Owner

Date

*Use additional sheets if necessary